

Effective Today, January 27, 2012: Any license or certificate application(s) received at the Maryland Board of Nursing without either a Social Security Number (SSN) or Federal Tax ID Numbers **WILL NOT** be processed. Applications with out these numbers are incomplete.

Maryland and Federal law requires that the Board of Nursing obtain the Social Security number or federal tax identification number of any person applying for a professional license or certificate for the following purposes:

- Verification of identity with respect to actions related to your license or certificate (Code of Maryland Regulations 10.27.01 and 10.39.01)
- Administration of the Child Support Enforcement Program (Md. Family Law Code Ann., § 10-119.3)
- Identification by the Department of Assessments and Taxation of new businesses in Maryland (Md. Health Occ. Code Ann., § 1-210)
- Verification by the Maryland Medicaid program of licensure and sanctions for providers participating in Medicaid (42 U.S.C. § 1396a(a)(49); 42 U.S.C. § 1396r-2; 42 U.S.C. § 1320a-7)



EXAM RESCHEDULE FORM

If you do not appear for your testing appointment, you will be required to pay the Board and the Pearson Professional Testing Companies fees to re-register.

NAME _____
Last First Middle Maiden

ADDRESS _____

PHONE NUMBER _____
Home Work

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____
Month Day Year

YOUR FULL NAME AT TIME OF LAST EXAMINATION _____

DATE OF LAST EXAMINATION TAKEN: RN _____ or LPN _____

DISCIPLINE - SINCE YOUR LAST APPLICATION, HAVE YOU EVER BEEN:

CONVICTED OF A MISDEMEANOR? (write 'YES' or 'NO') _____

CONVICTED OF A FELONY? (write 'YES' or 'NO') _____

If you answered 'YES' to any of the Discipline questions above, you must submit an explanation of the conviction for review.

ENCLOSE WITH THIS RESCHEDULE FORM:

1. Check for \$100.00 made out to the Maryland Board of Nursing
2. A current signed passport picture (taken within the last six months)
PLEASE SIGN THE FRONT OF THE PICTURE
3. POSTCARD PROVING INITIATION OF A CRIMINAL HISTORY RECORD CHECK (CHRC)
4. I have already provided the CHRC _____
5. I once again need to request special accommodations to take the NCLEX. The accommodation I am requesting is:

Signature _____

Date _____

If there is no further activity on this application after one year, it will be destroyed. A new application will need to be submitted meeting current licensure requirements at that time, including fees.

Attach a
2" x 2" photo here.

Current photo required.

Sign the front of the
photo.

NOTE: All candidates for re-examination must also submit the NCLEX Candidate registration form and fee made payable to The National Council of State Boards of Nursing.

FEES ARE NON-REFUNDABLE

/SHARED/FORMS/EXAM/EXAM RESCHEDULE FORM.DOC